

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

XLOGO

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

75 4 1 11 1			or or one interest in the marrialive position of ()				
Establishment Name				Telephone Number	Date of Inspec (mm/dd/yr)	tion PERMIT #	
Bearns's New Albay  Establishment Address (number and street, city, state, zip code)				E15 444 3814		16 27	
Establishment Address (number and street, city, state, zip code)					5/12/2	0 19-27	
3002	-harks	<u> </u>	Rd New Albay, IN 47150		<u> </u>		
Owner P				Purpose:	Follow-up Release Date		
Kick Johnson Owner's Address				1. Routine	No lodys		
Owner's A	auress			. Follow-up	Summary of Violations:		
Person in C	Thomas			3. Complaint			
Kik	) ohns	٠٨		4. Pre-Operational	CZ NC R		
Responsible Person's E-mail				5. Temporary	Menu Type (See back of page)		
				6. HACCP		V 1 (3 )	
Most provide copy who available				7. Other (list)	12_X	_345	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative Narrative		To	Be Corrected By	
[88]	_c_	R	Measured employee drink on pu			Corrected	
136	C	ス	Observed employee drink on an	10	1	acreched	
					•		
		† †					
-				<u> </u>			
		-					
				·			
				<u> </u>	_		
-	<u> </u>						
			<del></del>				
Received by (name and title printed):  Inspected by (name and title printed):							
V	V 7	-d.	A6 - A	/ / / / /			
Received by	(signature)	מעלי	nsen				
12///				Inspected by (signature):			
ce:			cc;	<u> </u>	cc;		
	7		<del>-</del>		00,	j	